



Nebraska VR

WAIVER OF PARENT SIGNATURE FORM

I understand that in the absence of any parent or guardian, Nebraska VR (Vocational Rehabilitation) is willing to work with me and treat me as an adult for program purposes, which means I have the rights and responsibilities of an adult.

I certify these to be true:

I do not receive any housing, financial, transportation, insurance or other material support from my parents: AND

I do not have any guardians; AND

I am financially responsible for myself. I provide for my own shelter, food and other life necessities.

I agree to the following:

If my living situation changes and I return to the care or custody of my parents or guardian, I will notify Nebraska VR immediately; AND

If I begin receiving any type of financial support from my parents or guardian, I will notify Nebraska VR immediately.

Consumer's Signature

Date